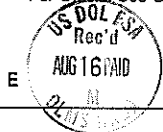


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7690</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Michael</u> <u>E</u> <u>Hardeman</u>  P.O. Box, Bldg., Room No., if any  Street <u>329 Wawona Street</u>  City <u>San Francisco</u>  State <u>CA</u> ZIP Code + 4 <u>94127</u>	4. Name, file number, and address of labor organization. Name <u>Painters &amp; Allied Trades District</u> <u>Council 36</u> Labor Organization File Number <u>030-396</u>  P.O. Box, Building and Room Number, if any <u>Suite 120</u>  Street <u>297 North Marengo Avenue</u>  City <u>Pasadena</u>  State <u>CA</u> ZIP Code + 4 <u>91101</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael E Hardeman

On 8/11/05  
Date

(415) 661-9277  
Telephone Number

Name of Person Filing **Michael E. Hardeman**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Alliance Bernstein**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 4600**Street **555 California Street**City **San Francisco**State **CA**ZIP Code + 4 **94104**

## 14.a. Nature of payment.

6/25/04 \$102.00 updaters  
9/20/04 \$ 31.00 updaters

13.b. Is the Business an Employer ☒ or Consultant ☐

## 14.b. Amount of payment.

Name of Person Filing <b>Michael E. Hardeman</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	11.a. Nature of such dealing.  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
	12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	12.b. Amount. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name <b>Sign Pictorial &amp; Display Trust Funds</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <b>2nd Floor</b>  Street <b>633 Battery Street</b>  City <b>San Francisco</b>  State <b>CA</b> ZIP Code + 4 <b>94134-3346</b>	14.a. Nature of payment.  <div style="border: 1px solid black; padding: 5px;">           3/19/04 reimbursed air fair \$398.20            12/29/04 reimburse IFBP conference \$1606.20         </div>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <b>Michael E. Hardeman</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name .....</p> <p>Trade Name, if any: .....</p> <p>P.O. Box, Bldg., Room No., if any .....</p> <p>Street .....</p> <p>City .....</p> <p>State ..... ZIP Code + 4 .....</p>	<p>9. Business deals with:</p> <p>a. Labor Organization .....</p> <p>b. Trust .....</p> <p>c. Employer .....</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name .....</p> <p>Trade Name, if any: .....</p> <p>P.O. Box, Bldg., Room No., if any .....</p> <p>Street .....</p> <p>City .....</p> <p>State ..... ZIP Code + 4 .....</p>	<p>11.a. Nature of such dealing.</p> <p>.....</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>.....</p> <p>12.a. Nature of interest held or income received.</p> <p>.....</p> <p>12.b. Amount.</p> <p>.....</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Sign Display &amp; Allied Crafts Local 510 Training Trust</b></p> <p>Trade Name, if any: .....</p> <p>P.O. Box, Bldg., Room No., if any <b>Suite 4850</b></p> <p>Street <b>250 Executive Park Blvd.</b></p> <p>City <b>San Francisco</b></p> <p>State <b>CA</b> ..... ZIP Code + 4 <b>94134-3346</b></p>	<p>14.a. Nature of payment.</p> <p><b>reimbursed expenses year ended 12/31/04</b></p> <p><b>\$2750.25 - see attached</b></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>.....</p>

Info for LM 30  
Year ended 12/31/04

Mike H  
reim exp  
from  
JATC

Jan-04		
	Giants Tix	728.75
Feb-04		
Mar-04		
	Giants Tix	327.25
Apr-04		
May-04		
Jun-04		
Jul-04		
	Chicago-ESCA/TS-2 expenses	229.25
Aug-04		
Sep-04		
Oct-04		
	Giants Tix	1,465.00
Nov-04		
Dec-04		
	Totals	2,750.25

/eb-opeiu-3-afl-cio(147)